

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)**

SERIAL NO.  
**59939716**  
APPLICATION

FILING DATE

**9-21-06 CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1					1	
2						1
3						1
4						1
5						1
6						1
7					1	
8						3
9						
10					1	
11						1
12						1
13					1	
14						1
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48						
49						
50						
TOTAL NO.					10	
TOTAL OFF.					10	
TOTAL					20	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						